

DOR 8.140 ORIGINAL COMPLAINT PROCESS CHECKLIST

***PURPOSE:** This sets forth the HIPAA Privacy complaint process, either at the facility level, or for a complaint related to original records maintained by Central Office employees.*

(date) Complaint arrives in facility or Central Office on form attached to 8.140.

(date) 30 Calendar Day Due Date (based on arrival date).

____ Yes ____ No
(completed) Complaint shall be date-stamped.

(date) Notify Privacy Officer (PO) or designee.

PO or designee sends description of alleged violation(s) and request response from person(s) who can address alleged violations.

(date) Internal response due in seven (7) working days to PO.

(date) Internal response received by PO or designee

____ Yes ____ No Was PHI shared with Business Associate?

If Yes, list name and address: _____

____ Yes ____ No Was affected PHI created and maintained by Business Associate?

If Yes, forward complaint to that BA, log it on this form, and send letter to consumer advising of that, and provide BA address.

(date) PO or designee completes review, and completes disposition information on HIPAA complaint form.

(date) Written notice of the disposition is mailed to consumer, including appeal information (if applicable).